

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12	1						
13	1						
14	1						
15	1						
16	1						
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44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	1						
TOTAL DEP.	12						
TOTAL CLAIMS	13						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							